

Workers' Safety & Compensation Employer # _____
Employer Name _____

EMPLOYER SERVICES
Workers' Safety & Compensation Only
Corporate Officer Notice of Change

I have employees other than Corporate Officers:

☐ Yes ☐ No Hired effective Date _____

[Corporations without regular employees are not eligible for Corporate Officer coverage under 27-14-108(k)].

☐ **Replacing a Corporate Officer**

Name of former corporate officer:

Resignation effective date:

Position:

SSN:

Name of **new officer**

Date took office

Position:

SSN:

☐ **Cancellation of Corporate Officer Coverage**

1. Has existing corporate officer had coverage for at least 8 calendar quarters? ☐ Yes ☐ No

Is the position now vacant? ☐ Yes ☐ No

Name of Officer:

Position

☐ **Cancellation of Corporate Officer/Position Eliminated**

2. Has existing corporate officer had coverage for at least 8 calendar quarters? ☐ Yes ☐ No

Name of officer:

Position

Date position eliminated _____